

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

IN THE DISTRICT COURT FOR THE FOURTH JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
vs.

\_\_\_\_\_,  
Respondent.

Case No. \_\_\_\_\_

FAMILY CASE RESPONSE (NO CHILDREN)

Fee Category: \_\_\_\_\_

Filing Fee: \$ \_\_\_\_\_

(Your name) \_\_\_\_\_, for his/her Response to the \_\_\_\_\_  
\_\_\_\_\_, states:

1. I completely agree with and admit the following paragraphs (list each paragraph number):

\_\_\_\_\_  
\_\_\_\_\_

2. I admit the portion of paragraph \_\_\_\_, that states: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ and I deny everything else in that paragraph.

3. I admit the portion of paragraph \_\_\_\_, that states: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ and I deny everything else in that paragraph.

4. I deny the following paragraphs because I do not have enough information to admit or

deny them (list each paragraph number): \_\_\_\_\_

5. I completely disagree with and deny everything I do not admit.

6. ☐ I want the Petition dismissed.

#### AFFIRMATIVE DEFENSE(S)

(State each affirmative defense that applies in a separate paragraph – see I.R.F.L.P. 208(C))

I swear I have read this Response and state that all facts included are true.

I ask the Court to enter any order requested above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Respondent

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public for Idaho

Residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_

### CERTIFICATE OF SERVICE

I certify that on (date) \_\_\_\_\_ I served a copy to: (name all parties in the case other than yourself)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- ☐ By mail  
☐ By fax (number) \_\_\_\_\_  
☐ By personal delivery

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- ☐ By mail  
☐ By fax (number) \_\_\_\_\_  
☐ By personal delivery

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature